

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 04, 2004 8:00 am
Secretary of State

06-04-2004 90002 018 *****70.00

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1. Entity Name

CAPE TOWNE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

ATTN: TREASURER
4514 & 4516 SANTA BARBARA BLVD #3
CAPE CORAL FL 33914

Mailing Address

ATTN: TREASURER
4514 & 4516 SANTA BARBARA BLVD #3
CAPE CORAL FL 33914

54056683



MOORE CR2E037 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

SALOMONE, MARION
4516 SANTA BARBARA BLVD.
UNIT #3
CAPE CORAL FL 33914

7. Name and Address of New Registered Agent

Name **Lois Lobosco**
Street Address (P.O. Box Number is not acceptable) **4514 Santa Barbara Blvd #6**
City **Cape Coral** FL Zip Code **33914**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Lois Lobosco

5/21/04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **STD** ☒ Delete
NAME **SOLOMON, MARION**
STREET ADDRESS **4514 SANTA BARBARA BLVD.**
CITY-ST-ZIP **CAPE CORAL FL**

TITLE **VD** ☐ Delete
NAME **LOBOSEO, LOIS** *V. Pres.*
STREET ADDRESS **8063 251ST STREET**
CITY-ST-ZIP **BELLOROSE NY 11426-2007**

TITLE **PD** ☒ Delete
NAME **WILLIAMSON, PETER M**
STREET ADDRESS **4514 SANTA BARBARA BLVD., #4**
CITY-ST-ZIP **CAPE CORAL FL 33914**

TITLE **DIANNE JAMIEA** ☐ Delete
NAME **4514 Santa Barbara Blvd**
STREET ADDRESS **CAPE CORAL FL 33914**
CITY-ST-ZIP **Unit #1 PD**

TITLE **Robert Lobosco** ☐ Delete
NAME **4514 Santa Barbara Blvd**
STREET ADDRESS **CAPE CORAL FL 33914**
CITY-ST-ZIP **Unit #6 STD**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Lois Lobosco

V.P.

5/21/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #